



Application for DOH Secretary Appointment to a Board or Committee

Please return your completed application along with your resume to:

Department of Health
Health Professions Quality Assurance
Health Policy Office, PO Box 47860, Olympia, WA 98504-7860

This application can also be obtained at <https://fortress.wa.gov/doh/hpqa1/hpqaforms.htm>, or by calling the DOH Health Professions Policy Office at (360) 236-4983.

Name of Board(s) or Committee(s) for which you would like to be considered. ☐ Check if applying for public member position

Name: _____

Business Contact Information

Business Address: _____

County _____

Business Phone: _____

Business Cell: _____

Business Fax: _____

Business Email: _____

Home Contact Information

Home Address: _____

County _____

Home Phone: _____

Home Cell: _____

Home Fax: _____

Home Email: _____

May we contact you via email regarding the status of your application? ☐ Yes ☐ No

How may we best contact you? ☐ Business Phone
☐ Business Cell
☐ Home Phone
☐ Home Cell

Are you registered to vote in Washington State? ☐ Yes ☐ No

Legislative District of which you reside: _____

Congressional District of which you reside: _____

Birth Date: ____/____/____

* Your Legislative and Congressional District can be found on your Voter identification card

Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.) ☐ Yes ☐ No

If "Yes", please attach an explanation to this application.

Education (high school, name and location of college or university, year graduated, and degree):

Current employment (job title, employer, employment date, contact, phone):

Health Care Practitioner licenses held (if applicable):

Professional References (name, title, relationship, contact phone number):

1)

2)

Personal References (name, title, relationship, contact phone number):

1)

2)

Previous employment or experience:

Memberships in professional, civic organizations or government boards, commissions, or committees (please include offices held and dates of term):

Community service/volunteer activities:

Could you or any member be affected financially by decisions made by the board or committee for which you are applying? ☐ Yes ☐ No

If "Yes", please explain.

Most Board and Committee meetings are held during the day. Are you able to come prepared and actively participate in day meetings? ☐ Yes ☐ No

Why do you want to serve on this particular Board or Committee(s)? Please attach explanation to this application.

Personal Information:

☐ Female ☐ Male

Of what race or ethnicity do you consider yourself to be?

☐ Black/African-American

☐ White/Caucasian

☐ Latino(a), Hispanic, or Spanish

☐ Asian or Pacific Islander American

☐ American Indian or Alaska Native

If you are Asian or Pacific Islander, please check one box below:

If you are American Indian or Alaska Native, please check one box below:

If you are Latino(a), Hispanic, or Spanish, please check one box below:

☐ Chinese

☐ Korean

☐ Eskimo

☐ Mexican, Mexican-American, Chicano

☐ Vietnamese

☐ Japanese

☐ Aleut

☐ Puerto Rican

☐ Filipino

☐ Other:

Enrolled or principal tribe if American Indian:

☐ Cuban

☐ Asian Indian

Tribe:

☐ Other Latino(a), Hispanic or Spanish

☐ Other Race:

Enter group, such as Columbian, Dominican, etc.

Group:

Do you have a permanent physical, sensory, or mental condition that limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, and learning? ☐ Yes ☐ No
If "Yes", please attach an explanation to this application.

Have you ever been on active duty in the U.S. Armed Forces? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

If "Yes":

Type of Discharge _____

Branch of Service _____

Campaigns _____

The above information is optional and not necessary to complete your application.

I hereby authorize that my criminal record history, and tax records may be checked and certify that the information provided in this application is true, correct, and complete to the best of my knowledge. I am enclosing a current resume.

Signature _____

Date _____